

<i>SERFF Tracking Number:</i>	<i>JACK-126443932</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Jackson National Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>44527</i>
<i>Company Tracking Number:</i>	<i>X500 11/09 ET AL</i>		
<i>TOI:</i>	<i>A07I Individual Annuities - Special</i>	<i>Sub-TOI:</i>	<i>A07I.001 Equity Indexed</i>
<i>Product Name:</i>	<i>Elite 90 Fixed Index Annuity Application</i>		
<i>Project Name/Number:</i>	<i>Elite 90 Fixed Index Annuity Application/X500 11/09 ET AL</i>		

Filing at a Glance

Company: Jackson National Life Insurance Company

Product Name: Elite 90 Fixed Index Annuity SERFF Tr Num: JACK-126443932 State: Arkansas

Application

TOI: A07I Individual Annuities - Special SERFF Status: Closed-Approved- State Tr Num: 44527
Closed

Sub-TOI: A07I.001 Equity Indexed Co Tr Num: X500 11/09 ET AL State Status: Approved-Closed

Filing Type: Form Reviewer(s): Linda Bird

Authors: Julie Hughes, Lynda

Neese, Lynne Gerding

Date Submitted: 01/11/2010

Disposition Date: 01/13/2010
Disposition Status: Approved-Closed

Implementation Date Requested: 03/05/2010

Implementation Date:

State Filing Description:

General Information

Project Name: Elite 90 Fixed Index Annuity Application

Project Number: X500 11/09 ET AL

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: The form is exempt from filing with Michigan, our State of domicile, by Order No. 97-010-M, which was issued and entered January 29, 1997, effective February 1, 1997.

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 01/13/2010

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 01/13/2010

Created By: Lynne Gerding

Corresponding Filing Tracking Number: X500 11/09 ET AL

Deemer Date:

Submitted By: Lynda Neese

Filing Description:

Submitted for your review are the above-referenced application forms. These applications are new and will replace the following Fixed Index Annuity applications as outlined below:

SERFF Tracking Number: JACK-126443932 State: Arkansas
Filing Company: Jackson National Life Insurance Company State Tracking Number: 44527
Company Tracking Number: X500 11/09 ET AL
TOI: A071 Individual Annuities - Special Sub-TOI: A071.001 Equity Indexed
Product Name: Elite 90 Fixed Index Annuity Application
Project Name/Number: Elite 90 Fixed Index Annuity Application/X500 11/09 ET AL

New Application / Individual Deferred Fixed Index Annuity Contract / Contract Approval Date / Application to be Replaced / Replaced Application Approval Date

X500 11/09 -- ELI-DA500 -- December 9, 1998 -- X500 -- December 27, 2007

X700 11/09 -- FIA700 -- July 8, 2005 -- X700 -- July 8, 2005

X800 11/09 -- FIA800 -- August 4, 2005 -- X800 -- August 4, 2005

X850 11/09 -- FIA850 -- August 4, 2005 -- X850 -- August 4, 2005

These forms will be issued by Jackson National Life Insurance Company, and will be marketed to the general public by appropriately licensed independent agents/producers and also by appropriately licensed registered representatives through broker/dealers and financial institutions.

The issue ages for the underlying contracts are as follows:

- 0 – 85 for ELI-DA 500
- 0 – 85 for FIA700
- 0 – 84 for FIA800
- 0 – 82 for FIA850

The applications contain fraud language that is specific to individual states. The language is clearly identified as to those states.

The applications are exempt from filing with our home state of Michigan by Order No. 97-010-M, which was issued and entered January 29, 1997, effective February 1, 1997.

We have reviewed the applications and certify that to the best of our knowledge and belief, the forms comply with applicable laws and regulations of your jurisdiction. With regard to Regulation 19, Jackson National Life hereby certifies that we do NOT discriminate based on sex in the sale of insurance.

We will receive customer information required to issue a contract from an agent, broker, or financial representative. This information may be forwarded to us by facsimile, telephone, or electronically via the Internet, an extranet, or secure network. We would then issue the annuity contract based upon the information received from the agent, broker or financial representative. The annuity contract, including any contract data page, would then be delivered to the customer. We will maintain appropriate procedures to insure the truth and accuracy of customer information received from the agent, broker or financial representative.

Any variables within the form have been bracketed and generally consist of names, dates and numbers. The form, when issued, may vary in format, paper size, border, Company logo or number of pages. Should any variable data, such as

SERFF Tracking Number: JACK-126443932 State: Arkansas
 Filing Company: Jackson National Life Insurance Company State Tracking Number: 44527
 Company Tracking Number: X500 11/09 ET AL
 TOI: A071 Individual Annuities - Special Sub-TOI: A071.001 Equity Indexed
 Product Name: Elite 90 Fixed Index Annuity Application
 Project Name/Number: Elite 90 Fixed Index Annuity Application/X500 11/09 ET AL

specific product selections or option benefits, be added to (upon approval from your Department) or removed from the form, a margin shift may occur, with some sections moving from one page to the next. The form may also print as two-sided pages versus one-sided pages. Additionally, a small square bar code with or without a mm/dd/yyyy date may be placed in the far bottom left-hand corner. This barcode will not obscure the filed form number.

I look forward to your favorable review. If I can be of any assistance to you, or if additional information is required, please contact me by telephone at 800/317-7989, by facsimile at 517/706-5522, or by email at pd&sf@jackson.com.

Company and Contact

Filing Contact Information

Lynda Neese, Manager pd&sf@jackson.com
 1 Corporate Way 800-317-7989 [Phone]
 Lansing, MI 48909 517-706-5522 [FAX]

Filing Company Information

Jackson National Life Insurance Company	CoCode: 65056	State of Domicile: Michigan
1 Corporate Way	Group Code: 918	Company Type:
Lansing, MI 48915	Group Name:	State ID Number:
(800) 317-7989 ext. [Phone]	FEIN Number: 38-1659835	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$80.00
Retaliatory?	No
Fee Explanation:	\$20.00 per form - 4 forms
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Jackson National Life Insurance Company	\$80.00	01/11/2010	33426064

<i>SERFF Tracking Number:</i>	<i>JACK-126443932</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Jackson National Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>44527</i>
<i>Company Tracking Number:</i>	<i>X500 11/09 ET AL</i>		
<i>TOI:</i>	<i>A071 Individual Annuities - Special</i>	<i>Sub-TOI:</i>	<i>A071.001 Equity Indexed</i>
<i>Product Name:</i>	<i>Elite 90 Fixed Index Annuity Application</i>		
<i>Project Name/Number:</i>	<i>Elite 90 Fixed Index Annuity Application/X500 11/09 ET AL</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	01/13/2010	01/13/2010

<i>SERFF Tracking Number:</i>	<i>JACK-126443932</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Jackson National Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>44527</i>
<i>Company Tracking Number:</i>	<i>X500 11/09 ET AL</i>		
<i>TOI:</i>	<i>A071 Individual Annuities - Special</i>	<i>Sub-TOI:</i>	<i>A071.001 Equity Indexed</i>
<i>Product Name:</i>	<i>Elite 90 Fixed Index Annuity Application</i>		
<i>Project Name/Number:</i>	<i>Elite 90 Fixed Index Annuity Application/X500 11/09 ET AL</i>		

Disposition

Disposition Date: 01/13/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>JACK-126443932</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Jackson National Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>44527</i>
<i>Company Tracking Number:</i>	<i>X500 11/09 ET AL</i>		
<i>TOI:</i>	<i>A071 Individual Annuities - Special</i>	<i>Sub-TOI:</i>	<i>A071.001 Equity Indexed</i>
<i>Product Name:</i>	<i>Elite 90 Fixed Index Annuity Application</i>		
<i>Project Name/Number:</i>	<i>Elite 90 Fixed Index Annuity Application/X500 11/09 ET AL</i>		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Form	Elite 90 Fixed Index Annuity Application		Yes
Form	Elite Annual Reset Fixed Index Annuity Application		Yes
Form	Elite Choice Fixed Index Annuity Application		Yes
Form	Elite Choice Rewards Fixed Index Annuity Application		Yes

SERFF Tracking Number: JACK-126443932 State: Arkansas

Filing Company: Jackson National Life Insurance Company State Tracking Number: 44527

Company Tracking Number: X500 11/09 ET AL

TOI: A071 Individual Annuities - Special Sub-TOI: A071.001 Equity Indexed

Product Name: Elite 90 Fixed Index Annuity Application

Project Name/Number: Elite 90 Fixed Index Annuity Application/X500 11/09 ET AL

Form Schedule

Lead Form Number: X500 11/09

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	X500 11/09	Application/Elite 90 Fixed Index Enrollment Form	Annuity Application	Initial		50.200	X500 11-09 (base).pdf
	X700 11/09	Application/Elite Annual Reset Enrollment Form	Fixed Index Annuity Application	Initial		51.000	X700 11-09 (base).pdf
	X800 11/09	Application/Elite Choice Fixed Enrollment Form	Index Annuity Application	Initial		52.000	X800 11-09 (base).pdf
	X850 11/09	Application/Elite Choice Rewards Enrollment Form	Fixed Index Annuity Application	Initial		50.300	X850 11-09 (base).pdf

[ELITE 90® (XX/XX)]
FIXED INDEX ANNUITY APPLICATION [ELI-DA500]



[Home Office: Lansing, Michigan]
www.jackson.com]

First Class Mail: P.O. Box 30391
Lansing, MI 48909-7891

Overnight Mail: 1 Corporate Way
Lansing, MI 48951

Customer Care: 800-873-5654
Bank or Financial Institution Customer Care: 800-777-7779
Fax: 517-706-5538
Hours: 8:00 a.m. to 8:00 p.m. ET
Email: contactus@jackson.com

Broker/Dealer or External Account No. (if applicable)

• **PLEASE PRINT**

Primary Owner

- If Owner (and/or Joint Owner) is not a U.S. Citizen and/or a U.S. Resident [Form W-9 or Form W-8BEN] (as applicable) is required with application.

Type of Ownership: ☐ Individual/Joint ☐ Trust ☐ Custodian ☐ Corporation/Pension Plan

Social Security Number or **Tax I.D. Number** **Sex** Male ☐ Female ☐
U.S. Citizen Yes ☐ No ☐

First Name **Middle Name** **Last Name**

Non-Natural Owner/Entity Name (if applicable)

Date of Birth (mm/dd/yyyy) **Telephone Number** (including area code) **Email Address**

Physical Address Line 1 (No P.O. Boxes) **Line 2**

City **State** **ZIP Code**

Mailing Address Line 1 **Line 2**

City **State** **ZIP Code**

Joint Owner

- Proceeds will be distributed in accordance with the Contract on the first death of either Owner.

First Name **Middle Name** **Last Name**

Social Security Number **Date of Birth** (mm/dd/yyyy) **Sex** Male ☐ Female ☐ **U.S. Citizen** Yes ☐ No ☐

Email Address **Relationship to Owner** **Telephone Number** (including area code)

Physical Address Line 1 (No P.O. Boxes) **Line 2**

City **State** **ZIP Code**



Primary Annuitant

☐ Same as Owner Sex Male ☐ Female ☐ U.S. Citizen Yes ☐ No ☐

First Name Middle Name Last Name

--	--	--

Social Security Number Date of Birth (mm/dd/yyyy) Telephone No. (including area code) Relationship to Owner

	/ /	()	<input type="checkbox"/> Spouse <input type="checkbox"/> Other _____
--	-----	-----	---

Physical Address Line 1 (No P.O. Boxes) Line 2

--	--

City State ZIP Code

--	--	--

Joint Annuitant

☐ Same as Joint Owner Sex Male ☐ Female ☐ U.S. Citizen Yes ☐ No ☐

First Name Middle Name Last Name

--	--	--

Social Security Number Date of Birth (mm/dd/yyyy) Telephone No. (including area code) Relationship to Owner

	/ /	()	<input type="checkbox"/> Spouse <input type="checkbox"/> Other _____
--	-----	-----	---

Physical Address Line 1 (No P.O. Boxes) Line 2

--	--

City State ZIP Code

--	--	--

Beneficiary(ies)

☐ Primary % Percentage of Death Benefit

Individual Name (First, Middle, Last) or Non-Natural Entity Name

--

Social Security/Tax I.D. Number Date of Birth (mm/dd/yyyy) Relationship to Owner

	/ /	<input type="checkbox"/> Spouse <input type="checkbox"/> Other _____
--	-----	---

☐ Primary ☐ Contingent % Percentage of Death Benefit

Individual Name (First, Middle, Last) or Non-Natural Entity Name

--

Social Security/Tax I.D. Number Date of Birth (mm/dd/yyyy) Relationship to Owner

	/ /	
--	-----	--

☐ Primary ☐ Contingent % Percentage of Death Benefit

Individual Name (First, Middle, Last) or Non-Natural Entity Name

--

Social Security/Tax I.D. Number Date of Birth (mm/dd/yyyy) Relationship to Owner

	/ /	
--	-----	--

• Complete this section if different from Owner.

• Complete this section if different from Joint Owner.

It is required for Good Order that the Death Benefit Percentage be whole numbers and **must** total 100% for each beneficiary type.

• For additional beneficiaries, please attach a separate sheet, signed and dated by the Owner, which includes names, percentages, and other required information.



- Make all checks payable to **Jackson National Life Insurance Company®**.

Premium Payment

Select method of payment

☐ Check \$ _____
 ☐ Wire \$ _____

☐ External Transfer \$ _____
 ☐ Internal Transfer \$ _____

Annuity Type

- Jackson® will issue Annuity Type per the bold headings.

IRA: <input type="checkbox"/> IRA - Traditional* <input type="checkbox"/> Stretch IRA Roth IRA: <input type="checkbox"/> Roth Conversion <input type="checkbox"/> Roth IRA* *Tax Contribution Years and Amounts: Year: _____ \$ _____ Year: _____ \$ _____ Non-Qualified Plan: <input type="checkbox"/> Deferred Compensation <input type="checkbox"/> Non-Tax Qualified	Qualified Plan: <input type="checkbox"/> 401(k) Qualified Savings Plan <input type="checkbox"/> Cash Balance-Defined Benefit <input type="checkbox"/> Cash Balance-Defined Contribution <input type="checkbox"/> HR-10 (Keogh) Plan <input type="checkbox"/> Money Purchase <input type="checkbox"/> Profit Sharing Plan <input type="checkbox"/> Roth 401(k) <input type="checkbox"/> Target Benefit Plan TSA Plan: <input type="checkbox"/> 403(b) TSA	SEP/IRA (408(k)): <input type="checkbox"/> SARSEP <input type="checkbox"/> SEP ORP: <input type="checkbox"/> ORP <input type="checkbox"/> Texas ORP Charitable Remainder Trust: <input type="checkbox"/> Charitable Remainder Annuity Trust <input type="checkbox"/> Charitable Remainder Unitrust
--	--	---

Statement Regarding Existing Policies or Annuity Contracts

- ! It is required for Good Order that this entire section be completed. COMPLETE

[X0512]

"REPLACEMENT OF LIFE INSURANCE OR ANNUITIES" WHERE REQUIRED (must be dated on or before the Application Sign Date to be in Good Order).

I (We) certify that: (please select one)

☐ I (We) do not have any existing life insurance policies or annuity contracts.
☐ I (We) do have existing life insurance policies or annuity contracts.

Notice to Producer/Representative: If the Applicant does have existing life insurance policies or annuity contracts you must present and read to the Applicant the Replacement of Life Insurance or Annuities form (X0512)- state variations may apply) and return the notice, signed by both the Producer/Representative and Applicant, with the Application.

Are you replacing an existing life insurance policy or annuity contract?		Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, complete the following Company information.
Company name	Contract number	Anticipated amount	
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	

Transfer Information

- ! For transfers, it is required for Good Order that this entire section be completed.

Non-Qualified Plan Types: ☐ IRC 1035 Exchange ☐ Non-1035 Exchange
 All Other Plan Types: ☐ Direct Transfer ☐ Direct Rollover ☐ Non-Direct Rollover

Please check the appropriate box(es) under the "Transfer Type" and "Client Initiated" headings. If you have already, or plan to submit a transfer request to the surrendering institution, please select "Yes" under "Client Initiated." **Jackson will only request the funds if this section is left blank or checked "No."**

Transfer Type	Client Initiated	Company releasing funds	Account number	Anticipated date of receipt	Anticipated transfer amount
<input type="checkbox"/> Full	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/>	/ /	\$ <input type="text"/>
<input type="checkbox"/> Partial	<input type="checkbox"/> No	<input type="text"/>	<input type="text"/>	/ /	\$ <input type="text"/>
<input type="checkbox"/> Full	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/>	/ /	\$ <input type="text"/>
<input type="checkbox"/> Partial	<input type="checkbox"/> No	<input type="text"/>	<input type="text"/>	/ /	\$ <input type="text"/>
<input type="checkbox"/> Full	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/>	/ /	\$ <input type="text"/>
<input type="checkbox"/> Partial	<input type="checkbox"/> No	<input type="text"/>	<input type="text"/>	/ /	\$ <input type="text"/>



Annuitization/Income Date

Specify Income Date (mm/dd/yyyy)

--	--	--	--

If an Income Date is not specified, the Company will default to the Latest Income Date as shown in the Contract.

It is required for Good Order that you select an Indexed Option period. Please select only one.

Indexed Option Period Subject to availability.

Age limitations apply based on the age of the Owner or oldest Joint Owner.

- ☐ S&P 500[®] 7-Year Period (Ages 0 - 85)
- ☐ S&P 500 9-Year Period (Ages 0 - 85)
- ☐ S&P 500 12-Year Period (Ages 0 - 80)

Optional Benefits All optional benefits may not be available in all states and once selected cannot be changed.

Age limitations apply based on the age of the Owner(s).

- ☐ 10% Withdrawal Endorsement (Ages 0-85)

Electronic Delivery Authorization

I agree to receive documents electronically:

- | | |
|---|---|
| <input type="checkbox"/> ALL DOCUMENTS | <input type="checkbox"/> Periodic and immediate confirmation statements |
| <input type="checkbox"/> Annual statements | <input type="checkbox"/> Other Contract-related correspondence |

This consent will continue unless and until revoked and will cover delivery to you in the form of a compact disc, by email or by notice to you of a document's availability on a website. Certain types of correspondence may continue to be delivered by the United States Postal Service for compliance reasons. Registration on Jackson's website (www.jackson.com) is required for electronic delivery of Contract-related correspondence.

I (We) do ☐ do not ☐ have ready access to computer hardware and software that meet the requirements listed below. My email address is: _____. I (We) will notify the company of any new email address.

The computer hardware and software requirements that are necessary to receive, process and retain electronic communications that are subject to this consent are as follows: To view and download material electronically, you must have a computer with Internet access, an active email account, Adobe Acrobat Reader and/or a CD-ROM drive. If you don't already have Adobe Acrobat Reader, you can download it free from www.adobe.com.

There is no charge for electronic delivery, although you may incur the costs of Internet access and of such computer and related hardware and software as may be necessary for you to receive, process and retain electronic documents and communications from Jackson. Please make certain you have given Jackson a current email address. Also let Jackson know if that email address changes. We may need to notify you of a document's availability through email. You may request paper copies, whether or not you consent or revoke your consent for electronic delivery, at any time and for no charge. Please contact the appropriate Jackson Service Center or go to www.jackson.com to update your email address, revoke your consent to electronic delivery, or request paper copies. Even if you have given us consent, we are not required to make electronic delivery and we have the right to deliver any document or communication in paper form. This consent will need to be supplemented by specific electronic consent upon receipt of any of these means of electronic delivery or notice of availability.

Authorized Callers

If you want to authorize an individual other than your Producer/Rep to receive Contract information via telephone, please list that individual's information here.

First Name

Middle Name

Last Name

--	--	--

Social Security/Tax I.D. Number

Date of Birth (mm/dd/yyyy)

--

--	--	--	--

First Name

Middle Name

Last Name

--	--	--

Social Security/Tax I.D. Number

Date of Birth (mm/dd/yyyy)

--

--	--	--	--



Notice to Applicant

ARKANSAS, COLORADO, KENTUCKY, LOUISIANA, MAINE, NEW MEXICO, OHIO, PENNSYLVANIA, AND WEST VIRGINIA RESIDENTS, PLEASE NOTE: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

In **COLORADO**, any insurance company, or agent of an insurance company, who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding, or attempting to defraud, the policyholder or claimant with regard to a settlement or award payable from insurance proceeds, shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA RESIDENTS, PLEASE NOTE:

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

MARYLAND AND RHODE ISLAND RESIDENTS, PLEASE NOTE:

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NEW JERSEY RESIDENTS, PLEASE NOTE: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Client Acknowledgements

1. I (We) hereby represent to the best of my (our) knowledge and belief that each of the statements and answers contained in this application are true, complete and correctly recorded.
2. I (We) certify that the Social Security/Taxpayer Identification Number(s) shown above is (are) correct.
3. The Contract I (we) have applied for is suitable for my (our) insurance and investment objective, financial situation and needs.
4. I (We) understand that while the values of the contract may be affected by an external index, the contract does not directly participate in any stock or equity investment.
5. I understand the restrictions imposed by 403(b)(11) of the Internal Revenue Code. I understand the investment alternatives available under my employer's 403(b) plan, to which I may elect to transfer my Contract Value.
6. I (We) have received a copy of the Statement of Understanding and understand the benefits and limitations, including the description regarding Contract guaranteed minimum values, set forth in the document.
7. I (We) understand the Indexed Option return on a distribution taken prior to the end of the Indexed Option period will be 90% of the amount allocated to the Indexed Option accumulated at 3% per year, compounded daily, less any prior withdrawals, except as provided in the Contract.
8. I (We) have received and understand the current Index Participation Rates (IPR's) for the Contract.
9. I (We) understand that Jackson issues a variety of annuity products with different features, benefits, terms, charges, and limitations.
10. I (We) certify that the age(s) of the Owner and any Joint Owner, primary Spousal Beneficiary, Annuitant, or Joint Annuitant, if applicable, stated in this application is (are) true and correctly recorded.
11. **I (We) understand that the product being applied for is an equity indexed fixed annuity product.**

! It is required for Good Order that all applicable parties to the Contract sign here.

Owner's Signature

Date Signed (mm/dd/yyyy)

 / /

State where signed

Owner's Title (required if owned by an Entity)

Joint Owner's Signature

Date Signed (mm/dd/yyyy)

 / /

State where signed

Annuitant's Signature (if other than Owner)

Date Signed (mm/dd/yyyy)

 / /

State where signed

Joint Annuitant's Signature (if other than Joint Owner)

Date Signed (mm/dd/yyyy)

 / /

State where signed



! Complete this certification regarding sales material section only if:

- Your client has other existing policies or annuity contracts

AND

- Will be either terminating any of those existing policies or using the funds from existing policies to fund this new Contract.

Producer/Representative Acknowledgements

I certify that:

- ☐ I did not use sales material(s) during the presentation of this Jackson product to the applicant.
- ☐ I used only Jackson-approved sales material(s) during the presentation of this Jackson product to the applicant. In addition, copies of all approved sales material(s) used during the presentation were left with the applicant.

By signing this form, I certify that:

1. I am authorized and qualified to discuss the Contract herein applied for.
2. I have fully explained the Contract to the client, including Contract restrictions and charges and I believe this transaction is suitable given the client's financial situation and needs.
3. The Statement of Understanding and the current Index Participation Rate and the Contract guaranteed minimum values have been presented and explained to the Owner(s), and a copy of the Statement of Understanding was given to the Owner(s).
4. I have not made statements that differ from this material nor have I made any promises about the expected future Indexed Option values of this Contract.
5. The Producer/Representative's Certification Regarding Sales Material has been answered correctly.
6. I have read Jackson's Position With Respect to the Acceptability of Replacements (XADV5790) and ensure that this replacement (if applicable) is consistent with that position.
7. The applicant's Statement Regarding Existing Policies or Annuity Contracts has been answered correctly to the best of my knowledge and belief.
8. The applicant's statement as to whether or not an existing life insurance policy or annuity contract is being replaced is true and accurate to the best of my knowledge and belief.
9. I have complied with requirements for disclosures and/or replacements as necessary.

Jackson Prod./Rep. No.	Producer/Representative Signature	Date Signed (mm/dd/yyyy)
		/ /

First Name	Middle Name	Last Name

- **Program Options Note:** Contact your home office for program information. If no option is indicated, the designated default will be used.

Broker/Dealer Name	Program Options			
	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	
Address (number and street)	City	State	ZIP Code	
Email Address	Business Telephone No. (including area code)	Percentage		
	()	%		

- **!** It is required for Good Order that all Producer/Rep numbers be supplied.

If more than one Producer/Representative is participating in a Program Option on this case, please provide all Producer/Representative names, Jackson Producer/Representative numbers and percentages for each (totaling 100%).

Producer/Representative Name	Jackson Producer/Representative No.	Percentage
		%
Producer/Representative Name	Jackson Producer/Representative No.	Percentage
		%

**Not FDIC/NCUA Insured • Not Bank/CU guaranteed • May lose value
Not a deposit • Not insured by any federal agency**

[ELITE ANNUAL RESET (XX/XX)]
FIXED INDEX ANNUITY APPLICATION (FIA700)



[Home Office: Lansing, Michigan]
www.jackson.com]

First Class Mail: P.O. Box 30391
Lansing, MI 48909-7891

Overnight Mail: 1 Corporate Way
Lansing, MI 48951

Customer Care: 800-873-5654
Bank or Financial Institution Customer Care: 800-777-7779
Fax: 517-706-5538
Hours: 8:00 a.m. to 8:00 p.m. ET
Email: contactus@jackson.com

Broker/Dealer or External Account No. (if applicable)

• **PLEASE PRINT**

• If Owner (and/or Joint Owner) is not a U.S. Citizen and/or a U.S. Resident [Form W-9 or Form W-8BEN] (as applicable) is required with application.

• If Owner is a Trust, Trustee Certification form [X5335] or trust documents are required with application.

! It is required for Good Order that you provide a physical address.

• Only include mailing address if different from physical address.

• Proceeds will be distributed in accordance with the Contract on the first death of either Owner.

Primary Owner

Type of Ownership: ☐ Individual/Joint ☐ Trust ☐ Custodian ☐ Corporation/Pension Plan

Social Security Number or **Tax I.D. Number** **Sex** Male ☐ Female ☐

U.S. Citizen Yes ☐ No ☐

First Name **Middle Name** **Last Name**

Non-Natural Owner/Entity Name (if applicable)

Date of Birth (mm/dd/yyyy) **Telephone Number** (including area code) **Email Address**

Physical Address Line 1 (No P.O. Boxes) **Line 2**

City **State** **ZIP Code**

Mailing Address Line 1 **Line 2**

City **State** **ZIP Code**

Joint Owner

First Name **Middle Name** **Last Name**

Social Security Number **Date of Birth** (mm/dd/yyyy) **Sex** Male ☐ Female ☐ **U.S. Citizen** Yes ☐ No ☐

Email Address **Relationship to Owner** **Telephone Number** (including area code)

Physical Address Line 1 (No P.O. Boxes) **Line 2**

City **State** **ZIP Code**



Primary Annuitant

☐ Same as Owner Sex Male ☐ Female ☐ U.S. Citizen Yes ☐ No ☐

First Name Middle Name Last Name

--	--	--

Social Security Number Date of Birth (mm/dd/yyyy) Telephone No. (including area code) Relationship to Owner

	/ /	()	<input type="checkbox"/> Spouse <input type="checkbox"/> Other _____
--	-----	-----	---

Physical Address Line 1 (No P.O. Boxes) Line 2

--	--

City State ZIP Code

--	--	--

Joint Annuitant

☐ Same as Joint Owner Sex Male ☐ Female ☐ U.S. Citizen Yes ☐ No ☐

First Name Middle Name Last Name

--	--	--

Social Security Number Date of Birth (mm/dd/yyyy) Telephone No. (including area code) Relationship to Owner

	/ /	()	<input type="checkbox"/> Spouse <input type="checkbox"/> Other _____
--	-----	-----	---

Physical Address Line 1 (No P.O. Boxes) Line 2

--	--

City State ZIP Code

--	--	--

Beneficiary(ies)

☐ Primary % Percentage of Death Benefit

Individual Name (First, Middle, Last) or Non-Natural Entity Name

--

Social Security/Tax I.D. Number Date of Birth (mm/dd/yyyy) Relationship to Owner

	/ /	<input type="checkbox"/> Spouse <input type="checkbox"/> Other _____
--	-----	---

☐ Primary ☐ Contingent % Percentage of Death Benefit

Individual Name (First, Middle, Last) or Non-Natural Entity Name

--

Social Security/Tax I.D. Number Date of Birth (mm/dd/yyyy) Relationship to Owner

	/ /	
--	-----	--

☐ Primary ☐ Contingent % Percentage of Death Benefit

Individual Name (First, Middle, Last) or Non-Natural Entity Name

--

Social Security/Tax I.D. Number Date of Birth (mm/dd/yyyy) Relationship to Owner

	/ /	
--	-----	--

• Complete this section if different from Owner.

• Complete this section if different from Joint Owner.

It is required for Good Order that the Death Benefit Percentage be whole numbers and **must** total 100% for each beneficiary type.

• For additional beneficiaries, please attach a separate sheet, signed and dated by the Owner, which includes names, percentages, and other required information.



- Make all checks payable to **Jackson National Life Insurance Company®**.

Premium Payment

Select method of payment

☐ Check \$ _____

☐ Wire \$ _____

☐ External Transfer \$ _____

☐ Internal Transfer \$ _____

Annuity Type

- Jackson® will issue Annuity Type per the bold headings.

IRA:

- ☐ IRA - Traditional*
☐ Stretch IRA

Roth IRA:

- ☐ Roth Conversion
☐ Roth IRA*

*Tax Contribution Years and Amounts:

Year: _____ \$ _____

Year: _____ \$ _____

Non-Qualified Plan:

- ☐ Deferred Compensation
☐ Non-Tax Qualified

Qualified Plan:

- ☐ 401(k) Qualified Savings Plan
☐ Cash Balance-Defined Benefit
☐ Cash Balance-Defined Contribution
☐ HR-10 (Keogh) Plan
☐ Money Purchase
☐ Profit Sharing Plan
☐ Roth 401(k)
☐ Target Benefit Plan

TSA Plan:

- ☐ 403(b) TSA

SEP/IRA (408(k)):

- ☐ SARSEP
☐ SEP

ORP:

- ☐ ORP
☐ Texas ORP

Charitable Remainder Trust:

- ☐ Charitable Remainder Annuity Trust
☐ Charitable Remainder Unitrust

Statement Regarding Existing Policies or Annuity Contracts

- ! It is required for Good Order that this entire section be completed. COMPLETE

[X0512]

"REPLACEMENT OF LIFE INSURANCE OR ANNUITIES" WHERE REQUIRED (must be dated on or before the Application Sign Date to be in Good Order).

I (We) certify that: (please select one)

☐ I (We) do not have any existing life insurance policies or annuity contracts.

☐ I (We) do have existing life insurance policies or annuity contracts.

Notice to Producer/Representative: If the Applicant does have existing life insurance policies or annuity contracts you must present and read to the Applicant the Replacement of Life Insurance or Annuities form (X0512)- state variations may apply) and return the notice, signed by both the Producer/Representative and Applicant, with the Application.

Are you replacing an existing life insurance policy or annuity contract? ☐ Yes ☐ No

If yes, complete the following Company information.

Company name	Contract number	Anticipated amount
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

Transfer Information

- ! For transfers, it is required for Good Order that this entire section be completed.

Non-Qualified Plan Types: ☐ IRC 1035 Exchange ☐ Non-1035 Exchange
 All Other Plan Types: ☐ Direct Transfer ☐ Direct Rollover ☐ Non-Direct Rollover

Please check the appropriate box(es) under the "Transfer Type" and "Client Initiated" headings. If you have already, or plan to submit a transfer request to the surrendering institution, please select "Yes" under "Client Initiated."

Jackson will only request the funds if this section is left blank or checked "No."

Transfer Type	Client Initiated	Company releasing funds	Account number	Anticipated date of receipt	Anticipated transfer amount
<input type="checkbox"/> Full <input type="checkbox"/> Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>	/ /	\$ <input type="text"/>
<input type="checkbox"/> Full <input type="checkbox"/> Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>	/ /	\$ <input type="text"/>
<input type="checkbox"/> Full <input type="checkbox"/> Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>	/ /	\$ <input type="text"/>



Indexed Option Period Subject to availability.

All Premium will initially be allocated to a Fixed Option. Your Fixed Option Value will be automatically transferred to the Indexed Option, according to the selection made below, on the first available Index Determination Date after the Issue Date.

Age limitations apply based on the age of the Owner or oldest Joint Owner.

It is required for Good Order that you select an Indexed Option period. Please select only one.

- | | |
|---|---------------|
| <input type="checkbox"/> S&P 500 [®] 5-Year Period | (Ages 0 - 85) |
| <input type="checkbox"/> S&P 500 7-Year Period | (Ages 0 - 83) |
| <input type="checkbox"/> S&P 500 10-Year Period | (Ages 0 - 80) |
| <input type="checkbox"/> S&P 500 12-Year Period | (Ages 0 - 78) |

Electronic Delivery Authorization

I agree to receive documents electronically:

- Check the boxes next to the types of documents you wish to receive electronically. If an email address is provided, but no document type is selected, the selection will default to "All Documents."

- | | |
|---|---|
| <input type="checkbox"/> ALL DOCUMENTS | <input type="checkbox"/> Periodic and immediate confirmation statements |
| <input type="checkbox"/> Annual statements | <input type="checkbox"/> Other Contract-related correspondence |

This consent will continue unless and until revoked and will cover delivery to you in the form of a compact disc, by email or by notice to you of a document's availability on a website. Certain types of correspondence may continue to be delivered by the United States Postal Service for compliance reasons. Registration on Jackson's website (www.jackson.com) is required for electronic delivery of Contract-related correspondence.

I (We) do ☐ do not ☐ have ready access to computer hardware and software that meet the requirements listed below. My email address is: _____. I (We) will notify the company of any new email address.

The computer hardware and software requirements that are necessary to receive, process and retain electronic communications that are subject to this consent are as follows: To view and download material electronically, you must have a computer with Internet access, an active email account, Adobe Acrobat Reader and/or a CD-ROM drive. If you don't already have Adobe Acrobat Reader, you can download it free from www.adobe.com.

There is no charge for electronic delivery, although you may incur the costs of Internet access and of such computer and related hardware and software as may be necessary for you to receive, process and retain electronic documents and communications from Jackson. Please make certain you have given Jackson a current email address. Also let Jackson know if that email address changes. We may need to notify you of a document's availability through email. You may request paper copies, whether or not you consent or revoke your consent for electronic delivery, at any time and for no charge. Please contact the appropriate Jackson Service Center or go to www.jackson.com to update your email address, revoke your consent to electronic delivery, or request paper copies. Even if you have given us consent, we are not required to make electronic delivery and we have the right to deliver any document or communication in paper form. This consent will need to be supplemented by specific electronic consent upon receipt of any of these means of electronic delivery or notice of availability.

Authorized Callers

- If you want to authorize an individual other than your Producer/Rep to receive Contract information via telephone, please list that individual's information here.

First Name	Middle Name	Last Name
Social Security/Tax I.D. Number		Date of Birth (mm/dd/yyyy)
		/ /
First Name	Middle Name	Last Name
Social Security/Tax I.D. Number		Date of Birth (mm/dd/yyyy)
		/ /



Notice to Applicant

ARKANSAS, COLORADO, KENTUCKY, LOUISIANA, MAINE, NEW MEXICO, OHIO, PENNSYLVANIA, AND WEST VIRGINIA RESIDENTS, PLEASE NOTE: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

In **COLORADO**, any insurance company, or agent of an insurance company, who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding, or attempting to defraud, the policyholder or claimant with regard to a settlement or award payable from insurance proceeds, shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA RESIDENTS, PLEASE NOTE:

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

MARYLAND AND RHODE ISLAND RESIDENTS, PLEASE NOTE:

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NEW JERSEY RESIDENTS, PLEASE NOTE: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Client Acknowledgements

1. I (We) hereby represent to the best of my (our) knowledge and belief that each of the statements and answers contained in this application are true, complete and correctly recorded.
2. I (We) certify that the Social Security/Taxpayer Identification Number(s) shown above is (are) correct.
3. The Contract I (we) have applied for is suitable for my (our) insurance and investment objective, financial situation and needs.
4. I (We) understand that while the values of the contract may be affected by an external index, the contract does not directly participate in any stock or equity investment.
5. I understand the restrictions imposed by 403(b)(11) of the Internal Revenue Code. I understand the investment alternatives available under my employer's 403(b) plan, to which I may elect to transfer my Contract Value.
6. I (We) have received a copy of the Statement of Understanding and understand the benefits and limitations, including the description regarding Contract guaranteed minimum values, set forth in the document.
7. I (We) understand that the Maximum Annual Credited Interest ("Annual Cap") component in this contract may limit the amount of interest credited to the Indexed Option Value on each Indexed Option anniversary, regardless of the performance of the indices.
8. I (We) have received the current Index Participation Rate and the Annual Cap for this Contract.
9. I (We) understand that Jackson issues a variety of annuity products with different features, benefits, terms, charges, and limitations.
10. I (We) certify that the age(s) of the Owner and any Joint Owner, primary Spousal Beneficiary, Annuitant, or Joint Annuitant, if applicable, stated in this application is (are) true and correctly recorded.
11. **I (We) understand that the product being applied for is an equity indexed fixed annuity product.**

It is required for Good Order that all applicable parties to the Contract sign here.

Owner's Signature

Date Signed (mm/dd/yyyy)

 / /

State where signed

Owner's Title (required if owned by an Entity)

Joint Owner's Signature

Date Signed (mm/dd/yyyy)

 / /

State where signed

Annuitant's Signature (if other than Owner)

Date Signed (mm/dd/yyyy)

 / /

State where signed

Joint Annuitant's Signature (if other than Joint Owner)

Date Signed (mm/dd/yyyy)

 / /

State where signed



Complete this certification regarding sales material section only if:

- Your client has other existing policies or annuity contracts

AND

- Will be either terminating any of those existing policies or using the funds from existing policies to fund this new Contract.

Producer/Representative Acknowledgements

I certify that:

- ☐ I did not use sales material(s) during the presentation of this Jackson product to the applicant.
- ☐ I used only Jackson-approved sales material(s) during the presentation of this Jackson product to the applicant. In addition, copies of all approved sales material(s) used during the presentation were left with the applicant.

By signing this form, I certify that:

- I am authorized and qualified to discuss the Contract herein applied for.
- I have fully explained the Contract to the client, including Contract restrictions and charges and I believe this transaction is suitable given the client's financial situation and needs.
- The Statement of Understanding and the current Index Participation Rate and credited interest components have been presented and explained to the Owner(s), and a copy of the Statement of Understanding was given to the Owner(s).
- I have not made statements that differ from this material nor have I made any promises about the expected future Indexed Option values of this Contract.
- The Producer/Representative's Certification Regarding Sales Material has been answered correctly.
- I have read Jackson's Position With Respect to the Acceptability of Replacements (XADV5790) and ensure that this replacement (if applicable) is consistent with that position.
- The applicant's Statement Regarding Existing Policies or Annuity Contracts has been answered correctly to the best of my knowledge and belief.
- The applicant's statement as to whether or not an existing life insurance policy or annuity contract is being replaced is true and accurate to the best of my knowledge and belief.
- I have complied with requirements for disclosures and/or replacements as necessary.

Jackson Prod./Rep. No.	Producer/Representative Signature	Date Signed (mm/dd/yyyy)
		/ /

First Name	Middle Name	Last Name

Broker/Dealer Name

Program Options

A B C
☐ ☐ ☐

Address (number and street)

City

State

ZIP Code

Email Address

Business Telephone No. (including area code)

()

Percentage

%

- Program Options Note:** Contact your home office for program information. If no option is indicated, the designated default will be used.

- It is required for Good Order that all Producer/Rep numbers be supplied.

If more than one Producer/Representative is participating in a Program Option on this case, please provide all Producer/Representative names, Jackson Producer/Representative numbers and percentages for each (totaling 100%).

Producer/Representative Name	Jackson Producer/Representative No.	Percentage
		%

Producer/Representative Name	Jackson Producer/Representative No.	Percentage
		%

**Not FDIC/NCUA Insured • Not Bank/CU guaranteed • May lose value
Not a deposit • Not insured by any federal agency**

[ELITE CHOICESM (XX/XX)]
FIXED INDEX ANNUITY APPLICATION [FIA800]



[Home Office: Lansing, Michigan]
www.jackson.com]

First Class Mail: P.O. Box 30391
Lansing, MI 48909-7891
Overnight Mail: 1 Corporate Way
Lansing, MI 48951

Customer Care: 800-873-5654
Bank or Financial Institution Customer Care: 800-777-7779
Fax: 517-706-5538
Hours: 8:00 a.m. to 8:00 p.m. ET
Email: contactus@jackson.com

Broker/Dealer or External Account No. (if applicable)

• **PLEASE PRINT**

• If Owner (and/or Joint Owner) is not a U.S. Citizen and/or a U.S. Resident [Form W-9 or Form W-8BEN] (as applicable) is required with application.

• If Owner is a Trust, Trustee Certification form [X5335] or trust documents are required with application.

! It is required for Good Order that you provide a physical address.

• Only include mailing address if different from physical address.

• Proceeds will be distributed in accordance with the Contract on the first death of either Owner.

Primary Owner

Type of Ownership: ☐ Individual/Joint ☐ Trust ☐ Custodian ☐ Corporation/Pension Plan

Social Security Number or **Tax I.D. Number** **Sex** Male ☐ Female ☐
U.S. Citizen Yes ☐ No ☐

First Name **Middle Name** **Last Name**

Non-Natural Owner/Entity Name (if applicable)

Date of Birth (mm/dd/yyyy) **Telephone Number** (including area code) **Email Address**

Physical Address Line 1 (No P.O. Boxes) **Line 2**

City **State** **ZIP Code**

Mailing Address Line 1 **Line 2**

City **State** **ZIP Code**

Joint Owner

First Name **Middle Name** **Last Name**

Social Security Number **Date of Birth** (mm/dd/yyyy) **Sex** Male ☐ Female ☐ **U.S. Citizen** Yes ☐ No ☐

Email Address **Relationship to Owner** **Telephone Number** (including area code)

Physical Address Line 1 (No P.O. Boxes) **Line 2**

City **State** **ZIP Code**



Primary Annuitant

☐ Same as Owner Sex Male ☐ Female ☐ U.S. Citizen Yes ☐ No ☐

First Name Middle Name Last Name

--	--	--

Social Security Number Date of Birth (mm/dd/yyyy) Telephone No. (including area code) Relationship to Owner

	/ /	()	<input type="checkbox"/> Spouse <input type="checkbox"/> Other _____
--	-----	-----	---

Physical Address Line 1 (No P.O. Boxes) Line 2

--	--

City State ZIP Code

--	--	--

Joint Annuitant

☐ Same as Joint Owner Sex Male ☐ Female ☐ U.S. Citizen Yes ☐ No ☐

First Name Middle Name Last Name

--	--	--

Social Security Number Date of Birth (mm/dd/yyyy) Telephone No. (including area code) Relationship to Owner

	/ /	()	<input type="checkbox"/> Spouse <input type="checkbox"/> Other _____
--	-----	-----	---

Physical Address Line 1 (No P.O. Boxes) Line 2

--	--

City State ZIP Code

--	--	--

Beneficiary(ies)

☐ Primary % Percentage of Death Benefit

Individual Name (First, Middle, Last) or Non-Natural Entity Name

--

Social Security/Tax I.D. Number Date of Birth (mm/dd/yyyy) Relationship to Owner

	/ /	<input type="checkbox"/> Spouse <input type="checkbox"/> Other _____
--	-----	---

☐ Primary ☐ Contingent % Percentage of Death Benefit

Individual Name (First, Middle, Last) or Non-Natural Entity Name

--

Social Security/Tax I.D. Number Date of Birth (mm/dd/yyyy) Relationship to Owner

	/ /	
--	-----	--

☐ Primary ☐ Contingent % Percentage of Death Benefit

Individual Name (First, Middle, Last) or Non-Natural Entity Name

--

Social Security/Tax I.D. Number Date of Birth (mm/dd/yyyy) Relationship to Owner

	/ /	
--	-----	--

• Complete this section if different from Owner.

• Complete this section if different from Joint Owner.

! It is required for Good Order that the Death Benefit Percentage be whole numbers and **must** total 100% for each beneficiary type.

• For additional beneficiaries, please attach a separate sheet, signed and dated by the Owner, which includes names, percentages, and other required information.



- Make all checks payable to **Jackson National Life Insurance Company®**.

Premium Payment

Select method of payment

☐ Check \$ _____

☐ Wire \$ _____

☐ External Transfer \$ _____

☐ Internal Transfer \$ _____

Annuity Type

IRA:

- ☐ IRA - Traditional*
☐ Stretch IRA

Roth IRA:

- ☐ Roth Conversion
☐ Roth IRA*

*Tax Contribution Years and Amounts:

Year: _____ \$ _____

Year: _____ \$ _____

Non-Qualified Plan:

- ☐ Deferred Compensation
☐ Non-Tax Qualified

Qualified Plan:

- ☐ 401(k) Qualified Savings Plan
☐ Cash Balance-Defined Benefit
☐ Cash Balance-Defined Contribution
☐ HR-10 (Keogh) Plan
☐ Money Purchase
☐ Profit Sharing Plan
☐ Roth 401(k)
☐ Target Benefit Plan

TSA Plan:

- ☐ 403(b) TSA

SEP/IRA (408(k)):

- ☐ SARSEP
☐ SEP

ORP:

- ☐ ORP
☐ Texas ORP

Charitable Remainder Trust:

- ☐ Charitable Remainder Annuity Trust
☐ Charitable Remainder Unitrust

- Jackson® will issue Annuity Type per the bold headings.

Statement Regarding Existing Policies or Annuity Contracts

- It is required for Good Order that this entire section be completed. COMPLETE

[X0512]

"REPLACEMENT OF LIFE INSURANCE OR ANNUITIES" WHERE REQUIRED (must be dated on or before the Application Sign Date to be in Good Order).

I (We) certify that: (please select one)

☐ I (We) do not have any existing life insurance policies or annuity contracts.

☐ I (We) do have existing life insurance policies or annuity contracts.

Notice to Producer/Representative: If the Applicant does have existing life insurance policies or annuity contracts you must present and read to the Applicant the Replacement of Life Insurance or Annuities form [X0512]- state variations may apply) and return the notice, signed by both the Producer/Representative and Applicant, with the Application.

Are you replacing an existing life insurance policy or annuity contract? ☐ Yes ☐ No

If yes, complete the following Company information.

Company name	Contract number	Anticipated amount
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

Transfer Information

- For transfers, it is required for Good Order that this entire section be completed.

Non-Qualified Plan Types: ☐ IRC 1035 Exchange ☐ Non-1035 Exchange
 All Other Plan Types: ☐ Direct Transfer ☐ Direct Rollover ☐ Non-Direct Rollover

Please check the appropriate box(es) under the "Transfer Type" and "Client Initiated" headings. If you have already, or plan to submit a transfer request to the surrendering institution, please select "Yes" under "Client Initiated."

Jackson will only request the funds if this section is left blank or checked "No."

Transfer Type	Client Initiated	Company releasing funds	Account number	Anticipated date of receipt	Anticipated transfer amount
<input type="checkbox"/> Full <input type="checkbox"/> Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>	/ /	\$ <input type="text"/>
<input type="checkbox"/> Full <input type="checkbox"/> Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>	/ /	\$ <input type="text"/>
<input type="checkbox"/> Full <input type="checkbox"/> Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>	/ /	\$ <input type="text"/>



Indexed Option Period Subject to availability.

It is required for Good Order that you select an Indexed Option period. **Please select only one.**

Age limitations apply based on the age of the Owner or oldest Joint Owner.

- | | |
|---|---------------|
| <input type="checkbox"/> 6-Year Period | (Ages 0 - 84) |
| <input type="checkbox"/> 8-Year Period | (Ages 0 - 82) |
| <input type="checkbox"/> 10-Year Period | (Ages 0 - 80) |
| <input type="checkbox"/> 12-Year Period | (Ages 0 - 78) |

Contract Option Subject to availability.

It is required for Good Order that you select an Indexed Option. **Please select only one.**

All Premium will initially be allocated to a Fixed Option. Your Fixed Option Value will be automatically transferred to the Indexed Option, according to the selections made below, on the first available Index Determination Date after the Issue Date.

- | |
|---|
| <input type="checkbox"/> S&P 500 [®] Index |
| <input type="checkbox"/> Multi-Strategy Index |

Crediting Method Subject to availability.

Tell us how you want your annuity premiums invested. **TOTAL ALLOCATION MUST EQUAL 100%.**

% Monthly Averaging
% Biennial Point to Point
% Biennial Monthly Cap
% Total

Telephone and Electronic Transfers Authorization

By checking "Yes," I (we) authorize Jackson National Life Insurance Company (Jackson) to accept crediting method changes via telephone, Internet, or other electronic medium from me (us) and my (our) Producer/Representative subject to Jackson's administrative procedures. This authorization is not extended to Authorized Callers.

Do you authorize these types of transfers? Yes ☐ No ☐

Jackson has administrative procedures that are designed to provide reasonable assurances that telephone/electronic authorizations are genuine. If Jackson fails to employ such procedures, it may be held liable for losses resulting from a failure to use such procedures. I (We) agree that Jackson, its affiliates, and subsidiaries shall not be liable for losses incurred in connection with telephone/electronic instructions received, and acted on in good faith, not withstanding subsequent allegations of error or mistake in connection with any such transaction instruction.

If no election is made, Jackson will default to "No" for residents of Nebraska and North Dakota and to "Yes" for residents of all other states.



Electronic Delivery Authorization

I agree to receive documents electronically:

- Check the boxes next to the types of documents you wish to receive electronically. If an email address is provided, but no document type is selected, the selection will default to "All Documents."

☐ **ALL DOCUMENTS**
☐ Periodic and immediate confirmation statements

☐ Annual statements

☐ Other Contract-related correspondence

This consent will continue unless and until revoked and will cover delivery to you in the form of a compact disc, by email or by notice to you of a document's availability on a website. Certain types of correspondence may continue to be delivered by the United States Postal Service for compliance reasons. Registration on Jackson's website (www.jackson.com) is required for electronic delivery of Contract-related correspondence.

I (We) do ☐ do not ☐ have ready access to computer hardware and software that meet the requirements listed below. My email address is: _____. I (We) will notify the company of any new email address.

The computer hardware and software requirements that are necessary to receive, process and retain electronic communications that are subject to this consent are as follows: To view and download material electronically, you must have a computer with Internet access, an active email account, Adobe Acrobat Reader and/or a CD-ROM drive. If you don't already have Adobe Acrobat Reader, you can download it free from www.adobe.com.

There is no charge for electronic delivery, although you may incur the costs of Internet access and of such computer and related hardware and software as may be necessary for you to receive, process and retain electronic documents and communications from Jackson. Please make certain you have given Jackson a current email address. Also let Jackson know if that email address changes. We may need to notify you of a document's availability through email. You may request paper copies, whether or not you consent or revoke your consent for electronic delivery, at any time and for no charge. Please contact the appropriate Jackson Service Center or go to www.jackson.com to update your email address, revoke your consent to electronic delivery, or request paper copies. Even if you have given us consent, we are not required to make electronic delivery and we have the right to deliver any document or communication in paper form. This consent will need to be supplemented by specific electronic consent upon receipt of any of these means of electronic delivery or notice of availability.

Authorized Callers

- If you want to authorize an individual other than your Producer/Rep to receive Contract information via telephone, please list that individual's information here.

First Name	Middle Name	Last Name
Social Security/Tax I.D. Number		Date of Birth (mm/dd/yyyy)
		/ /
First Name	Middle Name	Last Name
Social Security/Tax I.D. Number		Date of Birth (mm/dd/yyyy)
		/ /



Notice to Applicant

ARKANSAS, COLORADO, KENTUCKY, LOUISIANA, MAINE, NEW MEXICO, OHIO, PENNSYLVANIA, AND WEST VIRGINIA RESIDENTS, PLEASE NOTE: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

In **COLORADO**, any insurance company, or agent of an insurance company, who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding, or attempting to defraud, the policyholder or claimant with regard to a settlement or award payable from insurance proceeds, shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA RESIDENTS, PLEASE NOTE:

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

MARYLAND AND RHODE ISLAND RESIDENTS, PLEASE NOTE:

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NEW JERSEY RESIDENTS, PLEASE NOTE: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Client Acknowledgements

1. I (We) hereby represent to the best of my (our) knowledge and belief that each of the statements and answers contained in this application are true, complete and correctly recorded.
2. I (We) certify that the Social Security/Taxpayer Identification Number(s) shown above is (are) correct.
3. The Contract I (we) have applied for is suitable for my (our) insurance and investment objective, financial situation and needs.
4. I (We) understand that while the values of the contract may be affected by an external index, the contract does not directly participate in any stock or equity investment.
5. I understand the restrictions imposed by 403(b)(11) of the Internal Revenue Code. I understand the investment alternatives available under my employer's 403(b) plan, to which I may elect to transfer my Contract Value.
6. I (We) have received a copy of the Statement of Understanding and understand the benefits and limitations, including the methods for calculating interest, guaranteed minimum values and charges, as set forth in the document.
7. I (We) understand that the capping component in this Contract may limit the amount of interest credited to the Indexed Option Value on each Indexed Option Anniversary, regardless of the performance of the indices.
8. I (We) have received the current Index Participation Rate and the Caps for this Contract.
9. I (We) understand that Jackson issues a variety of annuity products with different features, benefits, terms, charges, and limitations.
10. I (We) certify that the age(s) of the Owner and any Joint Owner, primary Spousal Beneficiary, Annuitant, or Joint Annuitant, if applicable, stated in this application is (are) true and correctly recorded.
11. **I (We) understand that the product being applied for is an equity indexed fixed annuity product.**

It is required for Good Order that all applicable parties to the Contract sign here.

Owner's Signature

Date Signed (mm/dd/yyyy)

 / /

State where signed

Owner's Title (required if owned by an Entity)

Joint Owner's Signature

Date Signed (mm/dd/yyyy)

 / /

State where signed

Annuitant's Signature (if other than Owner)

Date Signed (mm/dd/yyyy)

 / /

State where signed

Joint Annuitant's Signature (if other than Joint Owner)

Date Signed (mm/dd/yyyy)

 / /

State where signed



! Complete this certification regarding sales material section only if:

- Your client has other existing policies or annuity contracts

AND

- Will be either terminating any of those existing policies or using the funds from existing policies to fund this new Contract.

Producer/Representative Acknowledgements

I certify that:

- ☐ I did not use sales material(s) during the presentation of this Jackson product to the applicant.
- ☐ I used only Jackson-approved sales material(s) during the presentation of this Jackson product to the applicant. In addition, copies of all approved sales material(s) used during the presentation were left with the applicant.

By signing this form, I certify that:

1. I am authorized and qualified to discuss the Contract herein applied for.
2. I have fully explained the Contract to the client, including Contract restrictions and charges and I believe this transaction is suitable given the client's financial situation and needs.
3. The Statement of Understanding and the current Index Participation Rate and credited interest components have been presented and explained to the Owner(s), and a copy of the Statement of Understanding was given to the Owner(s).
4. I have not made statements that differ from this material nor have I made any promises about the expected future Indexed Option values of this Contract.
5. The Producer/Representative's Certification Regarding Sales Material has been answered correctly.
6. I have read Jackson's Position With Respect to the Acceptability of Replacements [XADV5790] and ensure that this replacement (if applicable) is consistent with that position.
7. The applicant's Statement Regarding Existing Policies or Annuity Contracts has been answered correctly to the best of my knowledge and belief.
8. The applicant's statement as to whether or not an existing life insurance policy or annuity contract is being replaced is true and accurate to the best of my knowledge and belief.
9. I have complied with requirements for disclosures and/or replacements as necessary.

Jackson Prod./Rep. No.	Producer/Representative Signature	Date Signed (mm/dd/yyyy)
		/ /

First Name	Middle Name	Last Name

Broker/Dealer Name	Program Options
	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

Address (number and street)	City	State	ZIP Code

Email Address	Business Telephone No. (including area code)	Percentage
	()	%

- **Program Options Note:** Contact your home office for program information. If no option is indicated, the designated default will be used.

- **!** It is required for Good Order that all Producer/Rep numbers be supplied.

If more than one Producer/Representative is participating in a Program Option on this case, please provide all Producer/Representative names, Jackson Producer/Representative numbers and percentages for each (totaling 100%).

Producer/Representative Name	Jackson Producer/Representative No.	Percentage
		%

Producer/Representative Name	Jackson Producer/Representative No.	Percentage
		%

**Not FDIC/NCUA Insured • Not Bank/CU guaranteed • May lose value
Not a deposit • Not insured by any federal agency**

[ELITE CHOICE REWARDSSM (07/10)]
FIXED INDEX ANNUITY APPLICATION [FIA850]



[Home Office: Lansing, Michigan]
www.jackson.com]

First Class Mail: P.O. Box 30391
Lansing, MI 48909-7891
Overnight Mail: 1 Corporate Way
Lansing, MI 48951

Customer Care: 800-873-5654
Bank or Financial Institution Customer Care: 800-777-7779
Fax: 517-706-5538
Hours: 8:00 a.m. to 8:00 p.m. ET
Email: contactus@jackson.com

Broker/Dealer or External Account No. (if applicable)

• **PLEASE PRINT**

If Owner (and/or Joint Owner) is not a U.S. Citizen and/or a U.S. Resident, [Form W-9 or Form W-8BEN] (as applicable) is required with application.

If Owner is a Trust, Trustee Certification form [X5335] or trust documents are required with application.

It is required for Good Order that you provide a physical address.

Only include mailing address if different from physical address.

Proceeds will be distributed in accordance with the Contract on the first death of either Owner.

Primary Owner

Type of Ownership: ☐ Individual/Joint ☐ Trust ☐ Custodian ☐ Corporation/Pension Plan

Social Security Number or **Tax I.D. Number** **Sex** Male ☐ Female ☐

U.S. Citizen Yes ☐ No ☐

First Name **Middle Name** **Last Name**

Non-Natural Owner/Entity Name (if applicable)

Date of Birth (mm/dd/yyyy) **Telephone Number** (including area code) **Email Address**

Physical Address Line 1 (No P.O. Boxes) **Line 2**

City **State** **ZIP Code**

Mailing Address Line 1 **Line 2**

City **State** **ZIP Code**

Joint Owner

First Name **Middle Name** **Last Name**

Social Security Number **Date of Birth** (mm/dd/yyyy) **Sex** Male ☐ Female ☐ **U.S. Citizen** Yes ☐ No ☐

Email Address **Relationship to Owner** **Telephone Number** (including area code)

Physical Address Line 1 (No P.O. Boxes) **Line 2**

City **State** **ZIP Code**



Primary Annuitant

☐ Same as Owner Sex Male ☐ Female ☐ U.S. Citizen Yes ☐ No ☐

First Name Middle Name Last Name

--	--	--

Social Security Number Date of Birth (mm/dd/yyyy) Telephone No. (including area code) Relationship to Owner

	/ /	()	<input type="checkbox"/> Spouse <input type="checkbox"/> Other _____
--	-----	-----	---

Physical Address Line 1 (No P.O. Boxes) Line 2

--	--

City State ZIP Code

--	--	--

Joint Annuitant

☐ Same as Joint Owner Sex Male ☐ Female ☐ U.S. Citizen Yes ☐ No ☐

First Name Middle Name Last Name

--	--	--

Social Security Number Date of Birth (mm/dd/yyyy) Telephone No. (including area code) Relationship to Owner

	/ /	()	<input type="checkbox"/> Spouse <input type="checkbox"/> Other _____
--	-----	-----	---

Physical Address Line 1 (No P.O. Boxes) Line 2

--	--

City State ZIP Code

--	--	--

Beneficiary(ies)

☐ Primary % Percentage of Death Benefit

Individual Name (First, Middle, Last) or Non-Natural Entity Name

--

Social Security/Tax I.D. Number Date of Birth (mm/dd/yyyy) Relationship to Owner

	/ /	<input type="checkbox"/> Spouse <input type="checkbox"/> Other _____
--	-----	---

☐ Primary ☐ Contingent % Percentage of Death Benefit

Individual Name (First, Middle, Last) or Non-Natural Entity Name

--

Social Security/Tax I.D. Number Date of Birth (mm/dd/yyyy) Relationship to Owner

	/ /	
--	-----	--

☐ Primary ☐ Contingent % Percentage of Death Benefit

Individual Name (First, Middle, Last) or Non-Natural Entity Name

--

Social Security/Tax I.D. Number Date of Birth (mm/dd/yyyy) Relationship to Owner

	/ /	
--	-----	--

• Complete this section if different from Owner.

• Complete this section if different from Joint Owner.

It is required for Good Order that the Death Benefit Percentage be whole numbers and **must** total 100% for each beneficiary type.

• For additional beneficiaries, please attach a separate sheet, signed and dated by the Owner, which includes names, percentages, and other required information.



- Make all checks payable to **Jackson National Life Insurance Company®**.

Premium Payment

Select method of payment

☐ Check \$ _____

☐ Wire \$ _____

☐ External Transfer \$ _____

☐ Internal Transfer \$ _____

Annuity Type

- Jackson® will issue Annuity Type per the bold headings.

IRA:

- ☐ IRA - Traditional*
☐ Stretch IRA

Roth IRA:

- ☐ Roth Conversion
☐ Roth IRA*

*Tax Contribution Years and Amounts:

Year: _____ \$ _____

Year: _____ \$ _____

Non-Qualified Plan:

- ☐ Deferred Compensation
☐ Non-Tax Qualified

Qualified Plan:

- ☐ 401(k) Qualified Savings Plan
☐ Cash Balance-Defined Benefit
☐ Cash Balance-Defined Contribution
☐ HR-10 (Keogh) Plan
☐ Money Purchase
☐ Profit Sharing Plan
☐ Roth 401(k)
☐ Target Benefit Plan

TSA Plan:

- ☐ 403(b) TSA

SEP/IRA (408(k)):

- ☐ SARSEP
☐ SEP

ORP:

- ☐ ORP
☐ Texas ORP

Charitable Remainder Trust:

- ☐ Charitable Remainder Annuity Trust
☐ Charitable Remainder Unitrust

Statement Regarding Existing Policies or Annuity Contracts

- It is required for Good Order that this entire section be completed. COMPLETE

[X0512]

"REPLACEMENT OF LIFE INSURANCE OR ANNUITIES" WHERE REQUIRED (must be dated on or before the Application Sign Date to be in Good Order).

I (We) certify that: (please select one)

☐ I (We) do not have any existing life insurance policies or annuity contracts.

☐ I (We) do have existing life insurance policies or annuity contracts.

Notice to Producer/Representative: If the Applicant does have existing life insurance policies or annuity contracts you must present and read to the Applicant the Replacement of Life Insurance or Annuities form [X0512]- state variations may apply) and return the notice, signed by both the Producer/Representative and Applicant, with the Application.

Are you replacing an existing life insurance policy or annuity contract? ☐ Yes ☐ No

If yes, complete the following Company information.

Company name	Contract number	Anticipated amount
		\$
		\$
		\$

Transfer Information

- For transfers, it is required for Good Order that this entire section be completed.

Non-Qualified Plan Types: ☐ IRC 1035 Exchange ☐ Non-1035 Exchange
 All Other Plan Types: ☐ Direct Transfer ☐ Direct Rollover ☐ Non-Direct Rollover

Please check the appropriate box(es) under the "Transfer Type" and "Client Initiated" headings. If you have already, or plan to submit a transfer request to the surrendering institution, please select "Yes" under "Client Initiated."

Jackson will only request the funds if this section is left blank or checked "No."

Transfer Type	Client Initiated	Company releasing funds	Account number	Anticipated date of receipt	Anticipated transfer amount
<input type="checkbox"/> Full <input type="checkbox"/> Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No			/ /	\$
<input type="checkbox"/> Full <input type="checkbox"/> Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No			/ /	\$
<input type="checkbox"/> Full <input type="checkbox"/> Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No			/ /	\$



Indexed Option Period Subject to availability.

It is required for Good Order that you select an Indexed Option period. **Please select only one.**

Age limitations apply based on the age of the Owner or oldest Joint Owner.

- ☐ 8-Year Period (Ages 0 - 82)
- ☐ 10-Year Period (Ages 0 - 80)
- ☐ 12-Year Period (Ages 0 - 78)

Contract Option Subject to availability.

It is required for Good Order that you select an Indexed Option. **Please select only one.**

All Premium will initially be allocated to a Fixed Option. Your Fixed Option Value will be automatically transferred to the Indexed Option, according to the selections made below, on the first available Index Determination Date after the Issue Date.

- ☐ S&P 500[®] Index
- ☐ Multi-Strategy Index

Crediting Method Subject to availability.

Tell us how you want your annuity premiums invested. **Total allocation must equal 100%.**

% Monthly Averaging
% Biennial Point to Point
% Biennial Monthly Cap
% Total

Telephone and Electronic Transfers Authorization

By checking "Yes," I (we) authorize Jackson National Life Insurance Company (Jackson) to accept crediting method changes via telephone, Internet, or other electronic medium from me (us) and my (our) Producer/Representative subject to Jackson's administrative procedures. This authorization is not extended to Authorized Callers.

Do you authorize these types of transfers? Yes ☐ No ☐

Jackson has administrative procedures that are designed to provide reasonable assurances that telephone/electronic authorizations are genuine. If Jackson fails to employ such procedures, it may be held liable for losses resulting from a failure to use such procedures. I (We) agree that Jackson, its affiliates, and subsidiaries shall not be liable for losses incurred in connection with telephone/electronic instructions received, and acted on in good faith, not withstanding subsequent allegations of error or mistake in connection with any such transaction instruction.

If no election is made, Jackson will default to "No" for residents of Nebraska and North Dakota and to "Yes" for residents of all other states.



Electronic Delivery Authorization

I agree to receive documents electronically:

- Check the boxes next to the types of documents you wish to receive electronically. If an email address is provided, but no document type is selected, the selection will default to "All Documents."

☐ **ALL DOCUMENTS**
☐ Periodic and immediate confirmation statements

☐ Annual statements

☐ Other Contract-related correspondence

This consent will continue unless and until revoked and will cover delivery to you in the form of a compact disc, by email or by notice to you of a document's availability on a website. Certain types of correspondence may continue to be delivered by the United States Postal Service for compliance reasons. Registration on Jackson's website [www.jackson.com] is required for electronic delivery of Contract-related correspondence.

I (We) do ☐ do not ☐ have ready access to computer hardware and software that meet the requirements listed below. My email address is: _____. I (We) will notify the company of any new email address.

The computer hardware and software requirements that are necessary to receive, process and retain electronic communications that are subject to this consent are as follows: To view and download material electronically, you must have a computer with Internet access, an active email account, Adobe Acrobat Reader and/or a CD-ROM drive. If you don't already have Adobe Acrobat Reader, you can download it free from [www.adobe.com].

There is no charge for electronic delivery, although you may incur the costs of Internet access and of such computer and related hardware and software as may be necessary for you to receive, process and retain electronic documents and communications from Jackson. Please make certain you have given Jackson a current email address. Also let Jackson know if that email address changes. We may need to notify you of a document's availability through email. You may request paper copies, whether or not you consent or revoke your consent for electronic delivery, at any time and for no charge. Please contact the appropriate Jackson Service Center or go to [www.jackson.com] to update your email address, revoke your consent to electronic delivery, or request paper copies. Even if you have given us consent, we are not required to make electronic delivery and we have the right to deliver any document or communication in paper form. This consent will need to be supplemented by specific electronic consent upon receipt of any of these means of electronic delivery or notice of availability.

Authorized Callers

- If you want to authorize an individual other than your Producer/Rep to receive Contract information via telephone, please list that individual's information here.

First Name	Middle Name	Last Name
Social Security/Tax I.D. Number		Date of Birth (mm/dd/yyyy)
		/ /
First Name	Middle Name	Last Name
Social Security/Tax I.D. Number		Date of Birth (mm/dd/yyyy)
		/ /



Notice to Applicant

ARKANSAS, COLORADO, KENTUCKY, LOUISIANA, MAINE, NEW MEXICO, OHIO, PENNSYLVANIA, AND WEST VIRGINIA RESIDENTS, PLEASE NOTE: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

In **COLORADO**, any insurance company, or agent of an insurance company, who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding, or attempting to defraud, the policyholder or claimant with regard to a settlement or award payable from insurance proceeds, shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA RESIDENTS, PLEASE NOTE:

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

MARYLAND AND RHODE ISLAND RESIDENTS, PLEASE NOTE:

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NEW JERSEY RESIDENTS, PLEASE NOTE: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Client Acknowledgements

1. I (We) hereby represent to the best of my (our) knowledge and belief that each of the statements and answers contained in this application are true, complete and correctly recorded.
2. I (We) certify that the Social Security/Taxpayer Identification Number(s) shown above is (are) correct.
3. The Contract I (we) have applied for is suitable for my (our) insurance and investment objective, financial situation and needs.
4. I (We) understand that while the values of the contract may be affected by an external index, the contract does not directly participate in any stock or equity investment.
5. I understand the restrictions imposed by 403(b)(11) of the Internal Revenue Code. I understand the investment alternatives available under my employer's 403(b) plan, to which I may elect to transfer my Contract Value.
6. I (We) have received a copy of the Statement of Understanding and understand the benefits and limitations, including the methods for calculating interest, guaranteed minimum values and charges, as set forth in the document.
7. I (We) understand that the capping component in this Contract may limit the amount of interest credited to the Indexed Option Value on each Indexed Option Anniversary, regardless of the performance of the indices.
8. I (We) have received the current Index Participation Rate and the Caps for this Contract.
9. I (We) understand that Jackson issues a variety of annuity products with different features, benefits, terms, charges, and limitations.
10. I (We) certify that the age(s) of the Owner and any Joint Owner, primary Spousal Beneficiary, Annuitant, or Joint Annuitant, if applicable, stated in this application is (are) true and correctly recorded.
11. **I (We) understand that the product being applied for is an equity indexed fixed annuity product.**

It is required for Good Order that all applicable parties to the Contract sign here.

Owner's Signature

Date Signed (mm/dd/yyyy)

 / /

State where signed

Owner's Title (required if owned by an Entity)

Joint Owner's Signature

Date Signed (mm/dd/yyyy)

 / /

State where signed

Annuitant's Signature (if other than Owner)

Date Signed (mm/dd/yyyy)

 / /

State where signed

Joint Annuitant's Signature (if other than Joint Owner)

Date Signed (mm/dd/yyyy)

 / /

State where signed



! Complete this certification regarding sales material section only if:

- Your client has other existing policies or annuity contracts

AND

- Will be either terminating any of those existing policies or using the funds from existing policies to fund this new Contract.

Producer/Representative Acknowledgements

I certify that:

- ☐ I did not use sales material(s) during the presentation of this Jackson product to the applicant.
- ☐ I used only Jackson-approved sales material(s) during the presentation of this Jackson product to the applicant. In addition, copies of all approved sales material(s) used during the presentation were left with the applicant.

By signing this form, I certify that:

1. I am authorized and qualified to discuss the Contract herein applied for.
2. I have fully explained the Contract to the client, including Contract restrictions and charges and I believe this transaction is suitable given the client's financial situation and needs.
3. The Statement of Understanding and the current Index Participation Rate and credited interest components have been presented and explained to the Owner(s), and a copy of the Statement of Understanding was given to the Owner(s).
4. I have not made statements that differ from this material nor have I made any promises about the expected future Indexed Option values of this Contract.
5. The Producer/Representative's Certification Regarding Sales Material has been answered correctly.
6. I have read Jackson's Position With Respect to the Acceptability of Replacements [XADV5790] and ensure that this replacement (if applicable) is consistent with that position.
7. The applicant's Statement Regarding Existing Policies or Annuity Contracts has been answered correctly to the best of my knowledge and belief.
8. The applicant's statement as to whether or not an existing life insurance policy or annuity contract is being replaced is true and accurate to the best of my knowledge and belief.
9. I have complied with requirements for disclosures and/or replacements as necessary.

Jackson Prod./Rep. No. **Producer/Representative Signature** **Date Signed (mm/dd/yyyy)**

		/ /
--	--	-----

First Name

Middle Name

Last Name

--	--	--

Broker/Dealer Name

--

Program Options

A	B	C
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Address (number and street)

City

State

ZIP Code

--	--	--	--

Email Address

Business Telephone No. (including area code)

Percentage

	()	%
--	-----	---

- **Program Options Note:** Contact your home office for program information. If no option is indicated, the designated default will be used.

- **!** It is required for Good Order that all Producer/Rep numbers be supplied.

If more than one Producer/Representative is participating in a Program Option on this case, please provide all Producer/Representative names, Jackson Producer/Representative numbers and percentages for each (totaling 100%).

Producer/Representative Name

Jackson Producer/Representative No.

Percentage

		%
--	--	---

Producer/Representative Name

Jackson Producer/Representative No.

Percentage

		%
--	--	---

**Not FDIC/NCUA Insured • Not Bank/CU guaranteed • May lose value
Not a deposit • Not insured by any federal agency**

SERFF Tracking Number:	JACK-126443932	State:	Arkansas
Filing Company:	Jackson National Life Insurance Company	State Tracking Number:	44527
Company Tracking Number:	X500 11/09 ET AL		
TOI:	A071 Individual Annuities - Special	Sub-TOI:	A071.001 Equity Indexed
Product Name:	Elite 90 Fixed Index Annuity Application		
Project Name/Number:	Elite 90 Fixed Index Annuity Application/X500 11/09 ET AL		

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachment:		
AR - Flesch Certification.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application		
Comments:		
See Form Schedule Tab		

	Item Status:	Status Date:
Bypassed - Item: Life & Annuity - Acturial Memo		
Bypass Reason: Not applicable		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability		
Comments:		
Attachment:		
Statement of Variability (BASE).pdf		

CERTIFICATION


This is to certify that X500 11/09 has achieved a Flesch Reading Ease Score of 50.2 and complies with the requirements of Arkansas State Ann. §66-3251 through §66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

This is to certify that X700 11/09 has achieved a Flesch Reading Ease Score of 51.0 and complies with the requirements of Arkansas State Ann. §66-3251 through §66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

This is to certify that X800 11/09 has achieved a Flesch Reading Ease Score of 52.0 and complies with the requirements of Arkansas State Ann. §66-3251 through §66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

This is to certify that X850 11/09 has achieved a Flesch Reading Ease Score of 50.3 and complies with the requirements of Arkansas State Ann. §66-3251 through §66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Jackson National Life Insurance Company



By: _____

Julie Hughes
Assistant Vice-President
Product Drafting and State Filing Department

Date: January 11, 2010

Arkansas

JACKSON NATIONAL LIFE INSURANCE COMPANY
STATEMENT OF VARIABILITY

Form Numbers: X500 11/09, X700 11/09, X800 11/09, X850 11/09

Rev. 01/11/2010

Page(s)	Bracketed (Variable)	Range of Variables
1	[Elite 90 (XX/XX)] [Elite Annual Reset (XX/XX)] [Elite Choice (XX/XX)] [Elite Choice Rewards (07/10)]	These are the current marketing names for the underlying contracts. The marketing name on the applications may change to correspond with any changes made to the marketing name of the contracts.
1	[(ELI-DA 500)] [(FIA700)] [(FIA800)] [(FIA850)]	These are the current underlying contract form number with which this application will be used. This form number could change to reflect a different approved contract.
1, 4	[Home Office: Lansing, Michigan www.jackson.com]	This is the current home office address, city/state and website of Jackson National Life Insurance Company. In the future, if changed, this will reflect a different, valid address within the confines of the United States, as well as a valid Company website.
1	Customer Care Mailing Address and Contact Information	These are the current post office boxes and toll-free telephone numbers of Jackson's Customer Care Service Centers. In the future, if changed, this will reflect a valid street address within the confines of the United States, as well as a valid telephone number and email address.
1	[Type of Ownership: <input type="checkbox"/> Individual/Joint <input type="checkbox"/> Trust <input type="checkbox"/> Custodian <input type="checkbox"/> Corporation/Pension Plan]	These are the current types of annuity ownerships the Company is currently tracking. Should Company needs require a change to add to or eliminate ownership types, this section would be modified.
1	Form [W-9] Form [W-8BEN]	These are IRS forms that are required for all non-U.S. Citizen and/or non-U.S. resident applicants. In the future, if the IRS changes the form number of these forms, this will reflect a different, valid form number. We will not make a change to these numbers independent of a change made by the IRS.
1	Trustee Certification form [X5335]	This is the current form number for the administrative form listed. In the future, if changed, this will reflect an updated administrative form number.
1-6 1-6 1-7 1-7	Control Number [X500 XX/XX] Control Number [X700 XX/XX] Control Number [X800 XX/XX] Control Number [X850 07/10]	This number would change if there were a change to the bracketed information on the application requiring revision of the applications. If changed, this will reflect a revised control number and/or revision date.
3	[Annuity Type] section	The IRS rules regarding annuity types may change. Any changes regarding annuity types made by IRS rules would be changed in this section as well.
3	Notice Regarding Replacement form [X0512]	This is the current form number for the administrative form listed. In the future, if changed, this will reflect an updated administrative form number.
3	Transfer Information [Non-Qualified Plans Types: <input type="checkbox"/> IRC 1035 Exchange <input type="checkbox"/> Non-1035 Exchange All Other Plan Types: <input type="checkbox"/> Direct Transfer <input type="checkbox"/> Direct Rollover <input type="checkbox"/> Non-Direct Rollover]	These are the current transfer options offered by the Company. Any different information will reflect new market options.
4	Indexed Option Period	These represent the current Index Option Periods available. Additional Indexed Option Periods may be added (as approved) or removed.
4	Optional Benefits (X500 11/09 only)	These are the Optional Benefits offered by the Company. Additional benefits may be added (as approved) or removed.
4	Contract Option (X800 11/09 and X850 11/09 only)	These are the current Indexed Options offered by the Company. Indexed Options may be added or discontinued.
4	Crediting Method (X800 11/09 and X850 11/09 only)	These are the current Crediting Methods offered by the Company. Crediting Methods may be added or discontinued.
4	Telephone/Electronic Transfers Authorization If no election is made, Jackson will default to "No" for residents of [Nebraska and North Dakota] and to "Yes" for residents of all other states. (X800 11/09 and X850 11/09 only)	These are the states that currently require the Company to default to "No" for authorization of telephone/electronic transfers. Any additional states will reflect a requirement made by that state.

Page(s)	Bracketed (Variable)	Range of Variables
4 (X500 11/09 & X700 11/09) 5 (X800 11/09 & X850 11/09)	Electronic Delivery of Statements/Correspondence <input type="checkbox"/> ALL DOCUMENTS <input type="checkbox"/> Periodic and immediate confirmation statements <input type="checkbox"/> Annual statements <input type="checkbox"/> Other Contract-related correspondence.]	These are the current documents offered electronically by the Company. Any different information will reflect new statements or correspondence provided by the Company.
4 (X500 11/09 & X700 11/09) 5 (X800 11/09 & X850 11/09)	www.adobe.com	This is this website for Adobe Systems Incorporated. Any different web address will reflect the current website where Adobe Acrobat Reader or other software program may be downloaded.
5 (X500 11/09 & X700 11/09) 6 (X800 11/09 & X850 11/09)	Notice to Applicant section: Fraud Notice Disclosures	Bracketed for changes required by states for disclosure regarding fraud notice.
6 (X500 11/09 & X700 11/09) 7 (X800 11/09 & X850 11/09)	Position With Respect to the Acceptability of Replacement Materials [XADV5790]	This is the current form number for the administrative form listed. In the future, if changed, this will reflect an updated administrative form number.
6 (X500 11/09 & X700 11/09) 7 (X800 11/09 & X850 11/09)	Program Options <input type="checkbox"/> Option A etc.]	These are the current program options available to the Producer. The Company could add options or delete options.